

A NOTABLE CASE.—CHRONIC SPLENITIS.

By ROBERT T. COOPER, M.A., M.D.

ON the 14th of last November I was wired from Southampton to see a gentleman aged 68, who was supposed to be dying of a disease, about the nature of which, according to information tendered me, there was much doubt. No obvious disease had been detected in any organ, but as I have subsequently heard it was generally supposed he was suffering from cancer of the liver.

On examining my patient I could find no abnormality present beyond a slight enlargement of the spleen, evidenced by its being easily felt and also by a well-marked tenderness on deep pressure. The symptoms, as well as other particulars, are necessarily few, as the patient was in an extreme state of exhaustion and incapable of affording much information. This can be easily understood when I affirm that he has since declared that he remembers nothing whatever of this, my first visit, to him.

His condition appears to have begun with marked weakness some two years back, but he had rapidly got worse for the last two or three weeks. Every part of the body feels tired and he has to change his position as he lies in bed repeatedly ; cannot keep his arms or legs long in one posture. Beyond that he has always suffered from biliousness, he has been a very healthy man, and even now he has no sickness though often feels bilious.

He has a weighty pain round the cardiac region and suffers from palpitation—a symptom I regarded as due to the spleen. Urine is high-coloured, and the bowels have been regular though now inclined to be confined. The patient is markedly anemic and cadaverous-looking, and has been losing flesh and strength rapidly, and his temperature is, I understood, subnormal, and urine free from albumen.

Having examined the patient, on coming downstairs from the bedroom, I was treated to a most pleasing *quart d'heure* with the consulting physician and the ordinary family attendant, whose questions were so minute and searching that I verily felt, notwithstanding my mature years, that the youthful pleasure of an Examination Hall had returned ; and one of the gentlemen, the distinguished

consultant, as he bade me a polite goodbye, had the goodness to volunteer the information that the case was one that should be seen every day, and, moreover, that “the man was dying and must die.” I felt, after such assurance, that the incubus of responsibility weighed heavily upon a frame grown slender and more or less enfeebled with advancing years. My sense of responsibility was all the more increased by the pleasing assurance that the post-mortem would prove that no spleen affection whatever existed. This was shivering : it gave me a considerable rigor.

On returning to town next day (15th) I had sufficiently recovered to send down *Pulmonaria officin.* ϕA , and on 19th had in, as I considered, a very good report : the patient had begun to take his nourishment better though he was sick the morning following upon the dose. Nothing further was sent, and on the 22nd of November this was reported : Sleep and appetite fair, once sick, pulse has dropped. Repeated same dose. On November 25th report came in that *Castor oil* had been given as the bowels were confined, and that he had slept fairly but felt weaker and that he had begun expectorating a good deal and had had some dyspnea.

It was certainly a mistake to have given this second dose, still more to have allowed *Castor oil*—a mistake that was very nearly sacrificing the patient’s life ; but then the difficulty was to keep the patient and his friends quiet.

On November 27th a dose of *Verat. vir.* 30 was given ; but as he continued to be sleepless and to have a good deal of phlegm on his chest I gave *Ver. vir.* ϕA . a couple of days after, but without decided improvement, and followed it up on December 5th by *Ceanothus Amer.* ϕA , as his symptoms were great depression with shivering fits, expectoration, thirst, and much restlessness and fits of vomiting—all of which I considered due to the spleen.

The subsequent progress of the case will be better understood from the letters received. On December 8th his son writes : “ My dear father seems to be getting weaker and weaker—in fact he has to-day been weaker than he has been at all. He takes no solid food, continues to be very thirsty and parched, consequently he frequently wants something to drink, and this feeling

seems to increase. He is very short of breath and keeps his mouth open most of the time. The wheezing is still very troublesome, giving rise to phlegm. The bowels have not acted for a fortnight, but he makes water frequently, and this of a fair colour. He is more restful now, but I'm afraid that this is owing to his great weakness, as he can scarcely move. His face is very yellow to-day, and his legs very thin.

"We keep cheerful, thanks to your optimistic letters, although we do feel very anxious indeed. He can't turn in bed unless helped, as he is so weak." Nothing given, as dose is evidently acting.

On December 13th the report was : Better, only he felt a lodgment in the throat as if sickness would relieve him, and on this occasion I repeated the *Ceanothus* again, after which a swelling came outside the throat and under the left ear ; this became painful on swallowing and hard and seemed to rapidly increase, but with manifest improvement in the patient's general condition.

Still he remained weak, though the bowels had become regular, and for two days I gave *Ac. sulph.* 3x. gtt. Vij—3ij five drops every third hour.

A letter of December 26th from his son explains the condition that had now been reached : "Yesterday at times my father suffered great pain from the swelling, which is very inflamed and swollen, very hard and red all down the left side of the face. It pains him to swallow and talk, and consequently he does not take much food, and what he does take is in liquid form. Is," the letter goes on, "the swelling likely to burst inside or out or not at all ? We have never seen anything of the kind before, and do not know quite what to expect. The bowels act more regularly now and the pulse is just over 80."

In reply to this I called on December 29th to see the patient and found a manifest improvement in his general condition, though this parotid swelling looked extremely angry and had extended down the neck. The patient himself was extremely cheery and seemed delighted at being able to lie on his right side, which he had not been able to do for a long time.

On returning home next day I forwarded *Matthiola Græca* ϕ A with the pronouncement, which my acquaintance with the remedy (*vide* J. H. Clarke's *Dictionary of Materia Medica*) as well as the progress of the case

justified me in doing, that if he could only keep from taking any other medicine he would be, at the end of a fortnight, in a much better state of health.

It was therefore no surprise to me to receive this letter, dated January 16, 1902 :—

“ DEAR DR. COOPER,—The reason why I have not worried you with any communication lately is because there has really been nothing to worry about.

“ The fortnight has expired during which my father was to leave off the strengthening drops (*Ac. sulph.*) and we wish to know if he is now to resume them. He has really been making excellent progress. The powder (*Matth. Græ.*) rendered him exhausted and weak for a day or two, which I daresay you anticipated, and since then everything has been going well. The discharge from the abscess has continued ever since, though not now in the quantity it did at first, and the swelling is much smaller than it was ; there are still two local risings in the chest and neck [due, I believe, to overstimulation of the *Ac. sulph.*—R. T. C.], but my father says that everything seems to be working in accordance with your last letter, and he is anxious to resume the strengthening drops.

“ With regard to his diet, he is getting his appetite and wants all sorts of things. He sits in a chair during the day, and that makes a change, and yesterday he leaned on our shoulders and paced the room for a minute or two.

“ When he lies down on his back he is troubled, through loss of flesh, with two or three bones rubbing, and has a soft pillow put at the bottom of his back.”

This letter gives a very good illustration of the difficulty of treating this case owing to the deep-rooted prejudice in favour of continued medication no matter what may happen to be the nature of the disease. We all dearly love our physic, and perhaps the medical profession ought to be the last to complain of this truly human weakness ; but the fact still remains that some forms of disease cannot be treated successfully save with single doses, and that the above case affords a happy example of this fact.

The subsequent progress of the case has simply been that of uninterrupted recovery, for which thanksgiving has been offered in his place of worship.